

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED Jan 02, 2003 8:00 A.M. Secretary of State

DOCUMENT # P98000090544

1. Corporation Name NIC NAC NOOK, INC.

Principal Place of Business 507 S TAMiami TRAIL VENICE FL 34285 Mailing Address 507 S TAMiami TRAIL VENICE FL 34285



REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 10/23/1998 5. FEI Number 65-0883887 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for DOUGHERTY, JEFFREY J and DOUGHERTY, KRISTEN A.

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DOUGHERTY, JEFFREY J 507 S TAMiami TRAIL VENICE FL 34285

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent [Signature] SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 12/29/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JEFFREY J. DOUGHERTY Date 941-488-7007 Daytime Phone #

CR2ED40 (8/02)